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HERMANN BREHMER,
AND
THE SEMI-CENTENNIAL CELE-
BRATION OF BREHMER'S SANA-
TORIUM FOR THE TREATMENT
OF CONSUMPTIVES; THE FIRST
INSTITUTION OF ITS KIND.

(July 2, 1854—July 2, 1904.)

BY

S. A. KNAPP, M. D.,
NEW YORK.

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**New York Medical Journal
and Philadelphia Medical Journal**

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HERMANN BREHMER,
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THE SEMI-CENTENNIAL CELEBRATION OF
BREHMER'S SANATORIUM FOR THE TREAT-
MENT OF CONSUMPTIVES; THE FIRST
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(JULY 2, 1854—JULY 2, 1904.)

By S. A. KNOPF, M. D.,

NEW YORK.

Invitations have been received from Herr Wegener and Frau Wegener, in the name of all the heirs of Hermann Brehmer, to be present on July 2, 1904, at the occasion of the celebration of the fiftieth anniversary of the opening of Brehmer's sanatorium for the treatment of pulmonary tuberculosis, at Goerbersdorf, in Silesia. The programme which accompanies the invitation is very artistically got up, and presents on one side the last picture of Hermann Brehmer, with the dates 1854-1904, and on the other side a picture of the celebrated sanatorium in Goerbersdorf.

To the medical profession at large, but particularly to those of us interested in the tuberculosis problem, this anniversary is full of meaning, and I believe that a fitting tribute to the founder of the first sanatorium in the world for the exclusive treatment of patients afflicted with pulmonary tuberculosis and the best known promulga-

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Knopf: Hermann Brehmer.

tor of modern phthisiotherapy may well be paid on this occasion from this side of the Atlantic. America and the civilized world at large owe a great deal to Hermann Brehmer, and it is but right that the younger generation should know a little more of the man who, more than anybody else, has demonstrated the curability of pulmonary tuberculosis and instituted the most rational and most successful treatment.

Hermann Brehmer was born in Kurtsch, Province of Silesia, Prussia, August 4, 1826. He attended the Elisabeth Gymnasium in Breslau, and after receiving his classical degree went to the universities of Breslau and Berlin, studying natural philosophy and mathematics. Johannes Müller, the great physiologist, was at that time lecturing in Berlin, and Brehmer was so attracted by these lectures that he decided to study medicine instead of mathematics. After finally graduating in medicine he began to practise in the little village of Goerbersdorf which, at that time, had no more than 900 inhabitants.

It was already his intention to establish an institution for the exclusive treatment of consumptives. His thesis for the final degree is characteristic of his conviction and optimism concerning the curability of tuberculosis in the earlier stages of the disease. It was published in 1853, and its title was "De legibus ad initium atque progressum tuberculosis pulmonum spectantibus."

The Prussian government at that time did not encourage Brehmer's scheme to establish a sana-

Knopf: Hermann Brehmer.

torium for consumptives, and he could not get the official authorization to open his "Heilanstalt." It is hardly possible that this was due to an official phthisiophobia, but I am inclined to believe that his very democratic ideas, which were not favorably looked upon by the Prussian government, were the real hindrance to the car-



HERMANN BREHMER.

rying out of his beautiful project. Fortunately for Brehmer, he had two powerful friends—Humboldt and Schoenlein. Thanks to their intervention, he finally received the concession to build his sanatorium. It had naturally a small beginning, but the success of the institution was mar-

Knopf: Hermann Brehmer.

vellous. In 1862 he was able to enlarge the institution considerably, and to-day it is the largest private institution of its kind in the world. It has now a division for the well-to-do, one for the middle classes and one for the poor, and can accommodate about 300 patients.

While Brehmer's conception of the ætiology of consumption and his views on therapeutics and climatology have been somewhat modified by his pupils and followers, among whom we must mention as the most distinguished, the late Geheimrath Dettweiler, it is nevertheless of great historical interest to know just what Brehmer thought of the causes and treatment of tuberculosis. In his pathological studies he had observed the fact that in a great majority of the bodies of consumptives which came to autopsies there was an abnormal proportion in the size of heart and lungs. He found the lungs large, while the heart was unusually small, with thin, relaxed, and weak muscular walls. Nobody, up to this time, had thought of considering these abnormal proportions of the thoracic viscera as of any ætiological importance. Brehmer reasoned that the small and weak heart ultimately led to a diminished circulation and a subsequently disturbed nutrition of pulmonary tissue. As a consequence of his logic he recommended high altitudes as a factor in the treatment of tuberculosis, since a diminished atmospheric pressure demands an increase of heart action and a subsequent increase of metabolism. He ascribed the relative freedom from phthisis among the people living

in mountainous districts to this condition of higher pulse rate and stronger heart. His studies of the geographical distribution seemed to confirm his conclusions in this respect. He studied, however, also the mode of life of certain classes of people, relatively free from phthisis, in lowlands, and learned that an increased bodily exercise, under proper hygienic and dietetic conditions, was also a reason of relative freedom from phthisis among certain people, though they might live in ordinary altitudes. Brehmer's therapy was, therefore, to treat his patients in an altitude in which he thought man would be immune from phthisis because of diminished atmospheric pressure and its result on the thoracic viscera; and, secondly, to supply his patients with rich food, particularly milk, and also some alcohol, combined with physical exercise, under constant medical supervision—all with the same point in view, i. e., to strengthen the heart, improve pulmonary and general circulation and nutrition, and bring about an increased metabolism.

We know that Brehmer's theory of the immune zones in high altitudes cannot be absolutely accepted. We have also learned from his celebrated pupil, Peter Dettweiler, that the rest cure is fully as important in pulmonary tuberculosis as is judicious exercise. Furthermore, the experiences of the past years have shown that the sanatorium treatment at sea level, in a pure atmosphere, can be carried out as successfully as in higher altitudes. But all this does not detract

from the value of Brehmer's work, nor does it diminish the gratitude which the medical profession and humanity at large owe him. He was the founder of the first sanatorium for consumptives, and he has restored thousands to health who, under the ordinary treatment in vogue at that time, would certainly have fallen victims to the disease.

The hygiene practised by Brehmer in his sanatorium, particularly that portion appertaining to the prevention of tuberculosis, bore unusual fruits. It demonstrated for the first time that in a sanatorium for consumptives, properly equipped and properly managed, one was safer from contracting tuberculosis than anywhere else. It demonstrated further (and this is a lesson which our phthisiophobics may well take note of) that a sanatorium under proper medical supervision was not a danger to the neighborhood, but a blessing. To-day, there are in Goerbersdorf five of the most flourishing sanatoria—2 Brehmer's, 2 Weicker's, 1 Römpler's—accommodating from 600 to 700 patients. And what has been the result on the mortality from tuberculosis among the people living, not in the sanatoria, but in the village which surrounds these healing institutions? The mortality has been reduced among them to one third of what it used to be before the establishment of these institutions. This reduction in the mortality from tuberculosis among the villagers must be ascribed to the conscious or unconscious imitation of the cleanly habits which the inmates of the sanatoria are



The Brehmer Sanatorium at Goerbersdorf.

obliged to practise. But the presence of the sanatoria in Goerbersdorf has not only been a blessing to the village in a sanitary respect, it has also benefited in an economic way. The village is now one of the most prosperous in Germany, and has more than tripled its population since 1854.

Brehmer's literary contributions were not very voluminous, but what he wrote was of great value. I will mention here only three of his most important publications. Besides his doctorate thesis, above referred to, he published *Die Gesetze und Heilbarkeit der chronischen Tuberkulose der Lunge*; *Die chronische Lungenschwindsucht, ihre Ursache und ihre Wirkung*; *Mittheilungen aus Dr. Brehmer's Heilanstalt für Lungenkranke*. The latter was his last work; it appeared in May, 1889, in Wiesbaden, and also contains contributions by his four assistants, Wendriner, Stachiewicz, Stroschein, and Wisokowics.

Brehmer died on the 12th of December, 1889, mourned by thousands of grateful patients, honored and esteemed by the profession, and venerated by the inhabitants of Goerbersdorf, to whose prosperity he had contributed so much. Those of the German population who knew nothing of the personality and inner life of Brehmer wondered that so great a physician never received any recognition from the government, by either title or decoration, which means so much in Germany. His independent and democratic views, which at the beginning of his career almost prevented him from carrying out his most cherished

Knopf: Hermann Brehmer.

plans, were also the cause of the non-recognition of his great services on the part of the government. A beautiful monument to Brehmer, recently erected in front of the park leading to the sanatorium, toward which patients and physicians from all over the world contributed, shows the gratitude of the people, though the government ignored his valuable services and the renown he brought to German medicine and to Germany.

Brehmer was a striking personality. He was a typical sanatorium physician, imposing, energetic, with a beautiful head on broad shoulders and a patriarchal beard. He knew how to inspire his patients with implicit confidence. The photograph we reproduce here was taken shortly before his death. Some have accused him of too vigorous discipline and brusqueness. I may, in his defense, use the words of Flügge when, at the time of Brehmer's death, he wrote: "Allzeit liebenswürdige, formgewandte Menschen haben noch niemals eine solche Titanenarbeit geleistet wie sie den Inhalt von Brehmer's Leben bildet" (People, always charming and polite, have never yet accomplished such titanic labors as are represented in the life of Brehmer).

Under the seemingly brusque exterior, Brehmer was a true friend, an ideal physician, and a great and good man. He died when the sanatorium movement was hardly in its infancy. At the time of his death there were three sanatoria in Germany; there are hundreds of them now, and not only for the rich, but for the moderately

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and absolutely poor as well. And in our own country, according to the latest statistics which I have been able to gather, there are now 135 institutions already in operation or projected, and all devoted to the exclusive treatment of tuberculosis. While Brehmer was privileged to see the financial success of his own enterprise, his ardent desire—the multiplicity of sanatoria for all classes of society—he was not privileged to see realized.

Let the present generation of American physicians to-day, at the fiftieth anniversary of the establishment of the first healing institution for the consumptive sufferers, give a grateful thought in memory to its founder, Hermann Brehmer.

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